

**COMPLAINT - SCHOOL TRUANCY/DEFIANCE  
FAMILY WITH SERVICE NEEDS**

JD-JM-119 New 10-97  
C.G.S. §§ 46b-120, 149, 10-198a, 10-200

STATE OF CONNECTICUT  
**SUPERIOR COURT**  
JUVENILE MATTERS



ADDRESS OF COURT		DOCKET NO.			
NAME OF CHILD		GRADE	SEX	DATE OF BIRTH	
ADDRESS OF CHILD					
NAME OF MOTHER		ADDRESS OF MOTHER			
NAME OF FATHER		ADDRESS OF FATHER			
NAME OF GUARDIAN, IF ANY		ADDRESS OF GUARDIAN			
MOTHER'S HOME TEL.	MOTHER'S WORK TEL.	FATHER'S HOME TEL.	FATHER'S WORK TEL.	GUARDIAN'S HOME TEL.	GUARDIAN'S WORK TEL.
NAME OF COMPLAINANT		ADDRESS OF COMPLAINANT			
NAME OF SCHOOL AND CONTACT PERSON AT SCHOOL			TELEPHONE	FAX NO.	

**TYPE OF REFERRAL**

THE ABOVE FAMILY IS A FAMILY WITH SERVICE NEEDS BECAUSE IT INCLUDES SAID CHILD WHO IS (PLACE AN "X" IN THE APPROPRIATE BOX(ES)):

- TRUANT** (*Four (4) unexcused absences in one month or Ten (10) unexcused absences in a school year*)  
 **HABITUALLY TRUANT** (*Twenty (20) unexcused absences in a school year*)  
 **DEFIANT** (*Continuously and overtly defiant of school rules and regulations*)

**ATTENDANCE**

In accordance with Connecticut General Statute § 10-198a, written notice has been sent to the parents of their obligations to assure their child's attendance at school.

YES       NO

LIST SPECIFIC DATES OF UNEXCUSED ABSENCES

**BEHAVIOR**

IF THIS REFERRAL IS BASED ON THE CHILD'S IN-SCHOOL CONDUCT RATHER THAN TRUANCY, PROVIDE DOCUMENTATION THAT THE CHILD HAS BEEN CONTINUOUSLY AND OVERTLY DEFIDENT OF SCHOOL RULES AND REGULATIONS (*List dates and description of behavior*)

## **PARENTAL MEETING**

**LIST DATE(S) OF MEETING(S) WITH PARENTS**

**REASON(S) WHY CHILD IS TRUANT/DEFIANT**

- Parent or guardian failed to attend meeting on attempting to solve the truancy problem \_\_\_\_\_ or otherwise failed to cooperate with the school in

## **COMMUNITY SERVICES**

DOCUMENT ATTEMPT(S) TO REFER TO COMMUNITY AGENCIES PROVIDING CHILD AND FAMILY SERVICES. LIST DATE(S) AND AGENCY(IES) AND PROVIDE REASON(S) WHY EFFORTS WERE SUCCESSFUL OR UNSUCCESSFUL.

## **DOCUMENTATION OF EVALUATIONS**

PROVIDE DOCUMENTATION OF AN EDUCATIONAL EVALUATION CONDUCTED TO ASSESS THE APPROPRIATENESS OF THE CHILD'S REGULAR OR SPECIAL EDUCATIONAL PROGRAM, INCLUDING REFERRAL TO P.P.T. FOR EVALUATION OF THE SPECIAL EDUCATIONAL NEEDS OF THE CHILD BECAUSE ATTENDANCE WAS  
*(X" each box below that describes the school district's educational evaluation(s) of the child.)*

Pre-Referral: Review of Regular Education Program from (Date): \_\_\_\_\_ to (Date): \_\_\_\_\_

- Identification of areas of concern \_\_\_\_\_

Examination of current instructional program \_\_\_\_\_

Selection of alternative procedure(s) \_\_\_\_\_

Procedure(s) implemented from (Date): \_\_\_\_\_ to (Date): \_\_\_\_\_

Procedure(s) successful OR       Unsuccessful

**Referral to Planning and Placement Team (PPT) for evaluation for Special Education eligibility**

- Referred to Planning and Placement Team on (Date): \_\_\_\_\_

List of evaluation(s) recommended by PPT:

- Child determined not eligible for special education (Date):

- Child determined eligible for special education (Date):

- If child eligible for special education, Individualized Education Plan (IEP) implemented on (*Date*): \_\_\_\_\_

Last annual review of child's IEP (*Date*): \_\_\_\_\_

## **REFERRAL AUTHORIZATION**

SIGNED (*Superintendent of School, only*)

PRINT OR TYPE NAME OF PERSON SIGNING

**DATE SIGNED**